

CONSTRUCTION SITE INSPECTION FOR INDIVIDUAL LOTS

(To be Completed by Property Owners or Agent)

A trained individual or property owner shall perform a written evaluation of the project site –

- 1) By the end of the next business day following each rainfall of 0.5” or more (measured by the closest rain gauge, weather station, as determined by the City of Greenwood), or a minimum of one (1) time per week.
- 2) Log is a permanent record to be made available to the City of Greenwood in an organized fashion, within forty-eight (48) hours of a request.

Project Name: _____

Name of Trained Individual: _____ Date of Inspection: _____

Is this evaluation following a rainfall? ___ Yes ___ No. If yes, date rain stopped: _____

Amount: _____ inches

YES	NO	N/A	NO.	PROBLEM or CONCERN
			1.	Is the Stormwater or Erosion and Sediment Control Permit posted on site?
			2.	Is the construction driveway installed properly and used exclusively?
			3.	Are public and private streets clean of sediment, debris, and mud?
			4.	Has approved silt fence been installed properly and being maintained? <i>(entrenched – upright – fabric not torn – terminated at higher ground – properly joined at ends)</i>
			5.	If ‘silt-socks’ or ‘coconut logs’ are used, are they adequate, and are they being maintained?
			6.	Are side and rear yard swales stabilized and protected?
			7.	Is street inlet protection installed properly where required and being maintained?
			8.	Are beehive inlet protections installed properly where required and being maintained?
			9.	Has temporary stabilization of disturbed ground been addressed (dormant greater than 15 days)?
			10.	Is permanent stabilization of disturbed ground completed in these areas?
			11.	Is the established equipment washout area clearly marked and utilized?
			12.	Is solid waste properly policed and contained?
			13.	Are temporary soil stockpiles in approved areas and properly protected?
			14.	Are there any areas where siltation is leaving the construction site? How is this being addressed?

Identify problems by number and provide information on corrective action taken:

Trained Individual Contacted (name & date): _____

Report submitted by: _____ Date: _____
signature/printed name